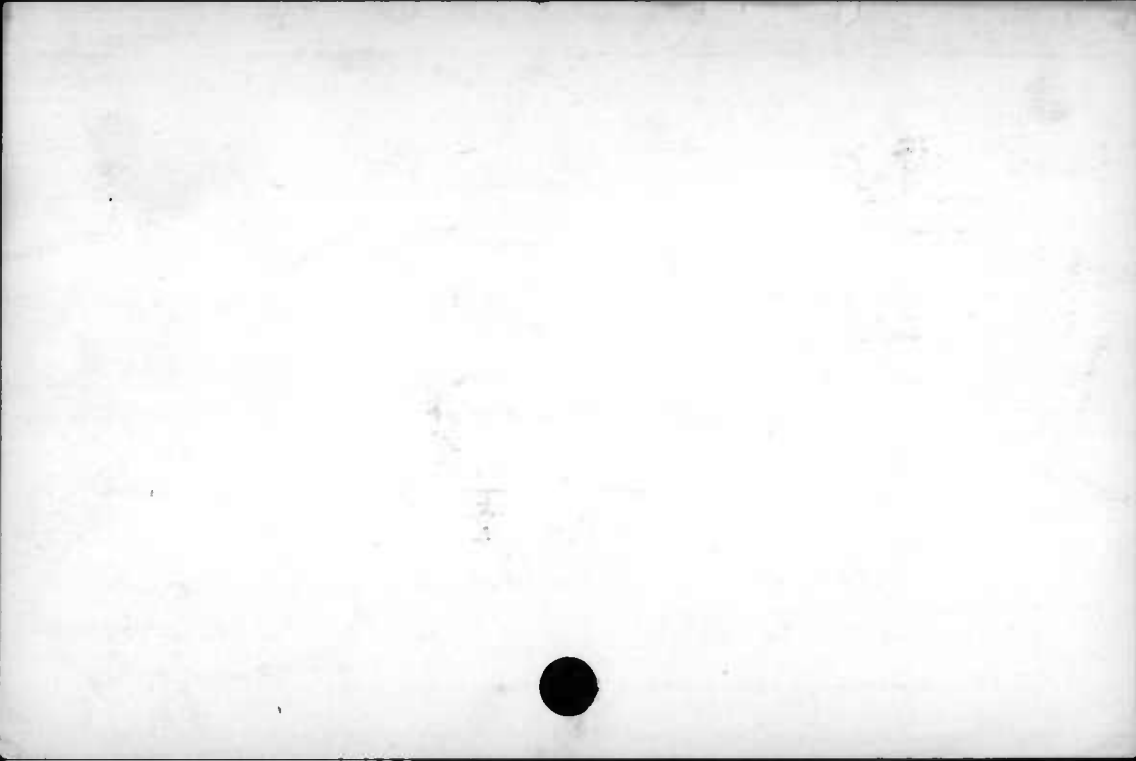


Name in Full		John W. Alton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Owings		Calvert		MARYLAND		
	Date of death	1905	Nov.	Day 14	Age 30	Months 11	Days 13	
	Sex	Male		Color or Race	White		Birth-place	Calvert Co.
	Occupation	Farmer			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Nettie Alton			
	Father's Name	John W. Alton				Father's Birthplace	Calvert Co.	
	Mother's Maiden Name	Eliza Gates				Mother's Birthplace	" "	
Name of person giving information	Amos Hall				How related to deceased	None		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	3 Years	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. N. Himmman			
				Address	Lower Marlboro, Md.			
Accident or Suicide?								



Name
in
Full

Langie Broath

CERTIFICATE OF DEATH

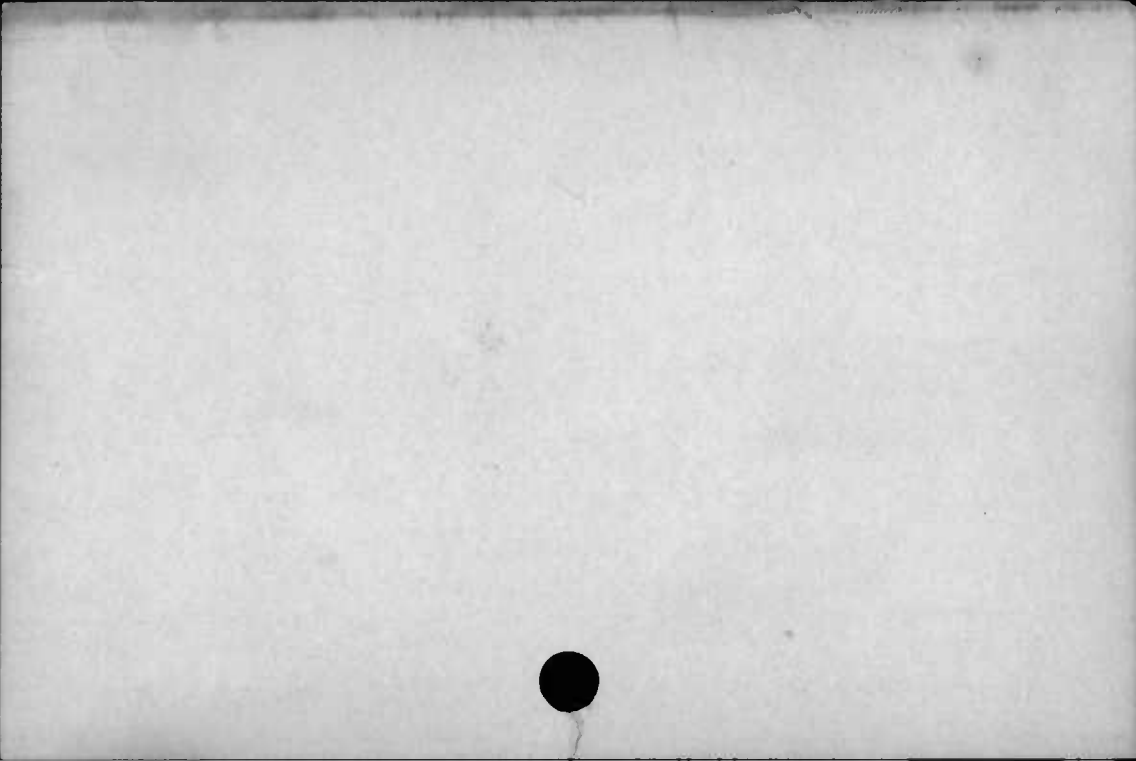
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		11	21	1	1		
Sex		Color or Race		Birth-place			
Male		Colored		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John W. Broath				Md			
Mother's Maiden Name				Mother's Birthplace			
Susie Emerson				Md			
Name of person giving information				How related to deceased			
Israel Broath				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Several days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L Brayshaw	
		Address	
		Friendship	
		Md	
Accident or Suicide?			



Name
in
Full

Susan Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov	12	45			
Sex		Color or Race		Birth-place			
Female		Colored		Leah Leo			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
		Benj Brooks					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
				(120)			

CAUSES OF DEATH

Primary	Bright Disease	How long	2 Yrs
Immediate	Uremia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. King Md	
		Address	
		Bartow Md	
		Beach	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Charles Leo Chambers

CERTIFICATE OF DEATH

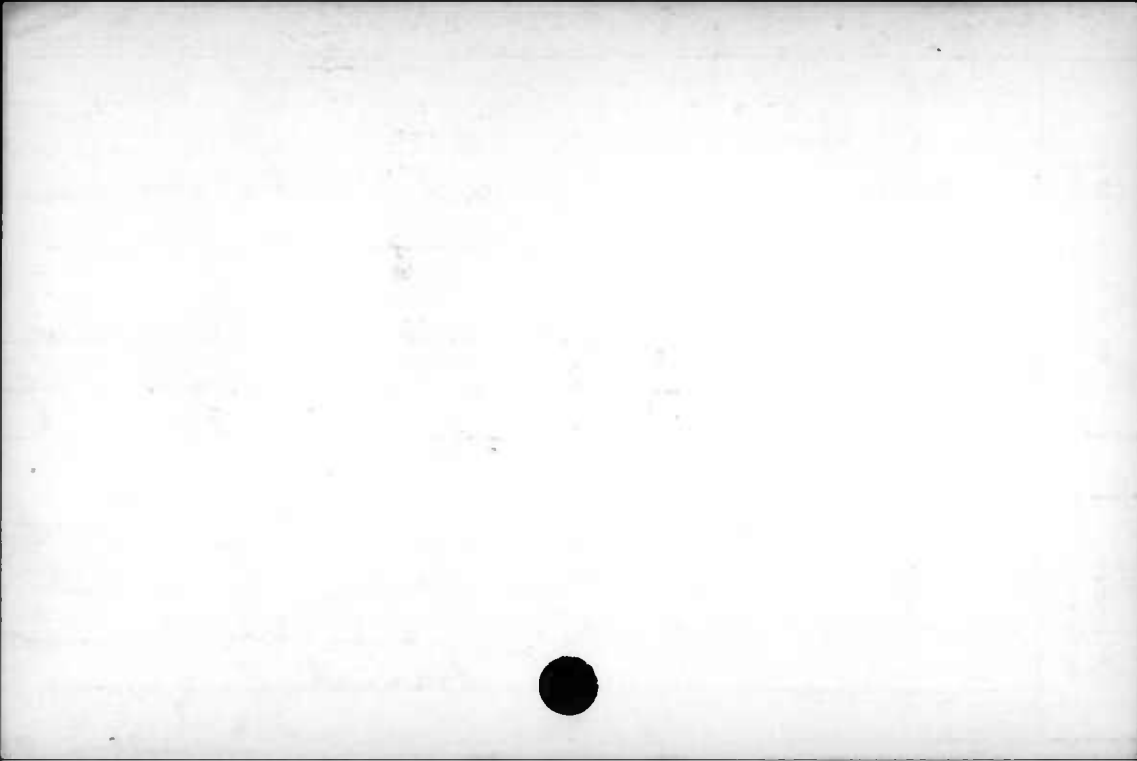
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lusby</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small>	<u>Nov</u> <small>Day</small>	<u>18</u> <small>Age</small>	<u>3</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Calvert Co</u>	
Occupation <u>—</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo F Chambers</u>			Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name <u>Nannie E. Sellers</u>			Mother's Birthplace <u>Calvert Co</u>		
Name of person giving information <u>Geo F Chambers</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Diabetes Mellitus</u>	How long	<u>about 5 years</u>
Immediate	<u>Coma</u>	How long	<u>5 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo F Chambers, M.D.</u>	
		Address <u>Lusby, Calvert Co</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Charlotte Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Huntingtown* *Calvert*

MARYLAND

Date of death *1905* *Nov.* *14* *Age* *30* *Months* *Days*Sex *Female* Color or Race *Black* Birth-place *Cal. Geo.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Sam Wathen*Father's Name *Elijah Hicks*Father's Birthplace *Cal. Geo.*Mother's Maiden Name *Hester Green*Mother's Birthplace *" "*Name of person giving
In formation *Elijah Hicks*How related
to deceased *Brother*

CAUSES OF DEATH

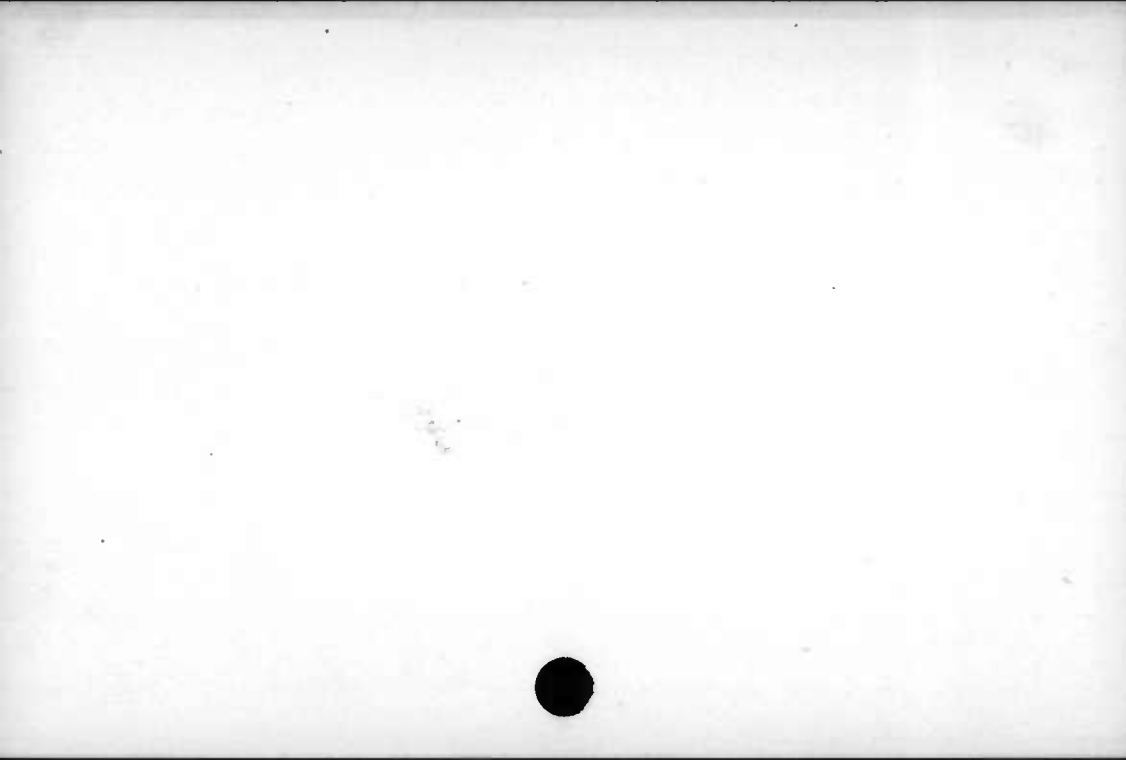
Primary *Pulmonary Tuberculosis*How long *2 yrs*Immediate *Hemorrhage*How long *5 hrs.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. W. Litch**Huntingtown Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Victoriel Jefferson

CERTIFICATE OF DEATH

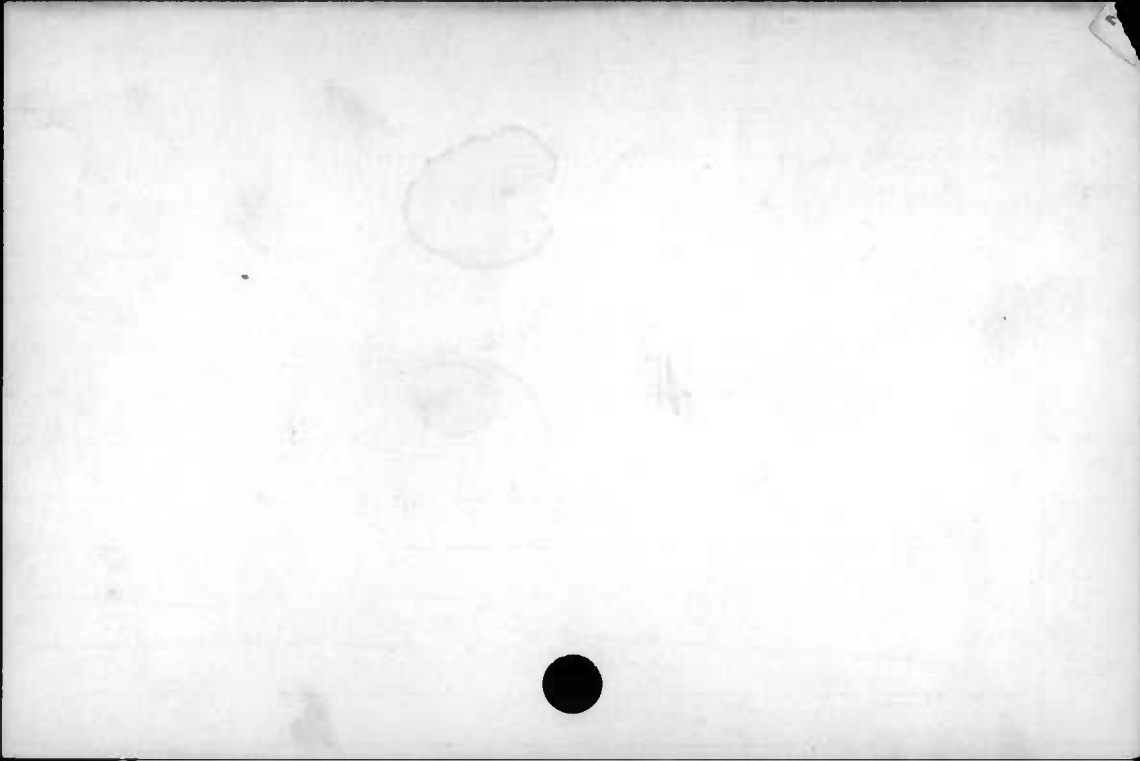
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Harmony</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>2</i>	Age <i>3</i> <small>Years</small>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mt Harmony</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Wilson Jefferson</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Mary Jones</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Harry Boone</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Louche Pneumonia</i>	How long <i>Six days</i>
Immediate <i>Collapse and Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr J E Brayslaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

Maria Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Huntingtown</i>		^{County} <i>Calvert</i>		MARYLAND	
Date of death	1905	Month	<i>Nov</i>	Day	<i>20</i>
		Age	<i>55</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Cal. Geo.</i>
Occupation	<i>wife</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Holiday Blake</i>		
Father's Name	<i>Not obtainable</i>		Father's Birthplace		
Mother's Maiden Name	<i>Not obtainable</i>		Mother's Birthplace		
Name of person giving information	<i>Joseph Blake</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fatty degeneration</i>	How long	<i>19</i>
Immediate	<i>Heart with dilatation</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Leitch
Huntingtown
md

Accident or Suicide?

Name
in
Full

Mrs. Edith - M. Jones

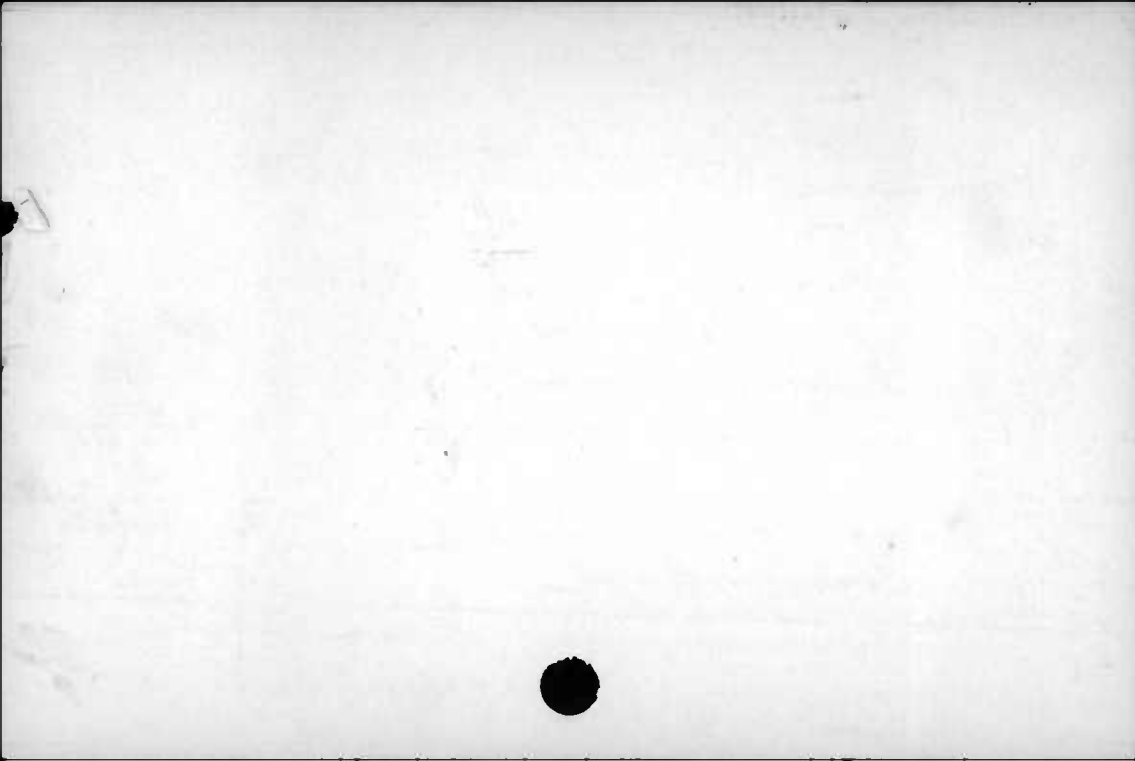
36
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brown Island</u> ^{Town} <u>Calvert</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>6</u>	Age <u>30</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Calvert Co.</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>J. Wilson Jones</u>		
Father's Name <u>Richard Garrison</u>	Father's Birthplace <u>Calvert Co.</u>		
Mother's Maiden Name <u>Annie Rainey</u>	Mother's Birthplace <u>Calvert Co.</u>		
Name of person giving information <u>J. Wilson Jones</u>	How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary <u>Tuberculosis Acute</u>	How long <u>7 mths</u>
Immediate <u>In autumn</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. P. Briscoe MD</u>
	Address <u>Indulite Ind</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Agden
Town *Prince Frederick* County *Calvert*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date of death 1905		Month <i>Nov</i>	Day	Years <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>George Agden</i>				
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <i>David Agden</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valv disease of heart</i>	How long <i>5 yrs</i>
Immediate <i>Droopy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. King M.D.</i>
	Address <i>Bartow Md.</i>
Accident or Suicide?	



Name
in
Full351
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Joseph Rice*
mutual Town*Calvert* CountyDate
of death *1905- Nov.*

Month

Day

Age *65-*

Years

Months

Days

Sex *Male*Color or
Race*Colored*Birth-
place*Calvert Co. Md.*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mary C. Rice*Father's
Name*Elias Rice*Father's
Birthplace*Hinchester, Va*Mother's
Maiden Name*Tamor Brooks*Mother's
Birthplace*Calvert Co. Md.*Name of person giving
Information*George H. Rice*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Sunstroke

How long

Immediate

Apoplexy

How long

*1 hour*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*P. Briscoe**mutual**md*

Accident or Suicide?

67-9
2-9
65

Name
in
Full

Charles Edward Saunders

37
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mutine</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death <u>1904</u>	Month <u>Nov</u>	Day <u>25</u>	Age <u>48</u>	Months	Days
Sex <u>colored</u>	Color or Race <u>blue</u>		Birthplace <u>Calvert</u>		
Occupation <u>Blacksmith</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Nelson Saunders</u>			Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name <u>Florence Ann Gantt</u>			Mother's Birthplace <u>Calvert Co</u>		
Name of person giving information <u>Maggie Murray</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis of brain</u>	How long <u>2 years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>John T. Brooks</u>	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James Sewell*

Died at *Prince Freda Calvert* Town *Prince Freda* County *Calvert*

Date of death *1905* Month *Nov* Day *26* Age *63* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Calvert Co*

Occupation *Farmer* Where Residing if not at place of death

Married, Single ☒ Widowed Name of Wife or Husband *Rose Sewell*

Father's Name *Not obtainable* Father's Birthplace *Calvert Co*

Mother's Maiden Name *Not obtainable* Mother's Birthplace *Calvert Co*

Name of person giving information *Not obtainable* How related to deceased *Not obtainable*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Gastritis* How long *2 yrs*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *L. M. King M.D.* Address *Barstow Md.*

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Smith

Died at *Acclevia* ^{Town} *Calverton* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *Novr* ^{Day} *18* ^{Years} *70* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Colored* Birth-place *Washington*

Occupation *Subover* Where Residing if not at place of death *Calverton Co*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Smith*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *Henry J. Smith* How related to deceased *Son*

CAUSES OF DEATH

Primary *Rheumatism* ^{How long} *10 years*

18 ^{How long}

Immediate

Are the name, age, sex, color, date and place correctly given above?

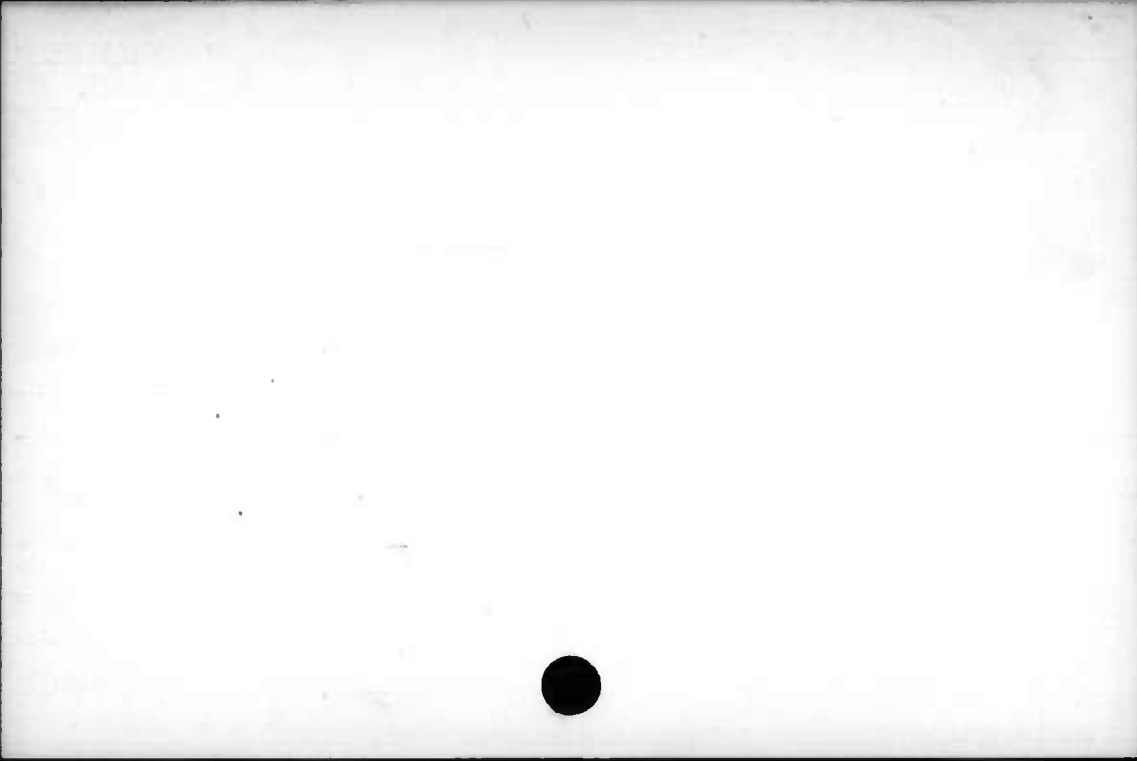
Signature of Physician

Address

Dr. J. M. King

Barclay Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

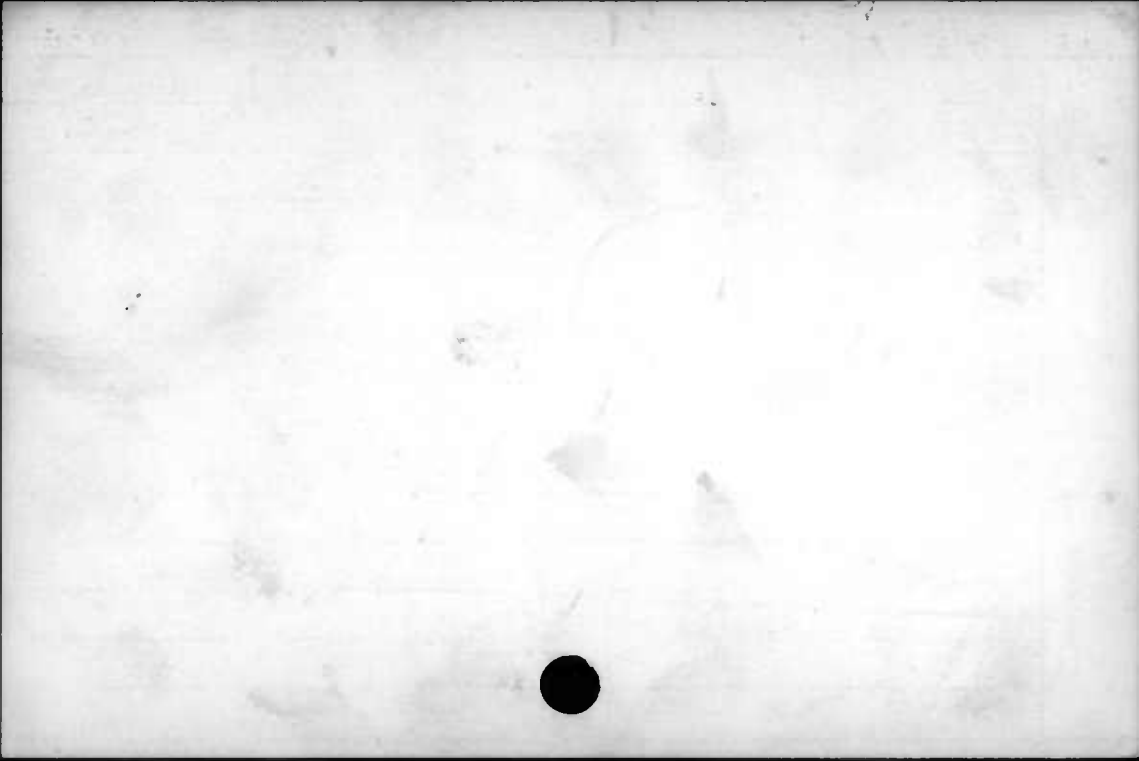
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ches. Beach</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>November</u> ^{Month}	<u>3rd</u> ^{Day}	Age <u>2</u> ^{Years}	<u>1</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ches Beach Md.</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <u>Somerset Stinett</u>			Father's Birthplace _____		
Mother's Maiden Name <u>Maggie Hooper</u>			Mother's Birthplace _____		
Name of person giving information <u>Somerset Stinett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Meningeal Croup</u>	How long <u>5 days</u>
Immediate <u>Dyspnea</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Talbot M.D.</u>
	Address <u>Ches Beach</u>
Accident or Suicide?	



Name
in
Full

Mary Pearl Walton

CERTIFICATE OF DEATH

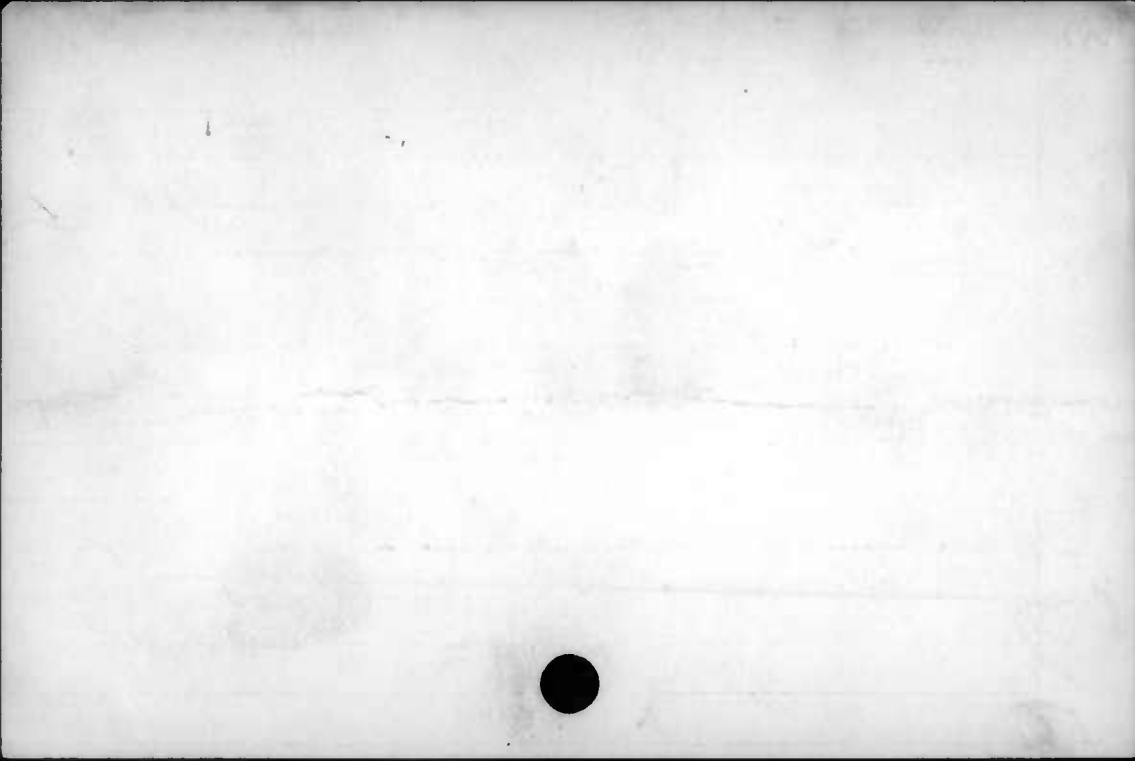
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Beach</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>1</i>	Years	Months	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake Beach</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Charles P Walton</i>				Father's Birthplace <i>Richmond Va</i>			
Mother's Maiden Name <i>Effie Callerton</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>C P Walton</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Remittent Fever</i>	How long <i>Six days</i>
Immediate <i>Convulsions and Coma</i>	How long <i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Braysshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

McGellan Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Channy</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1905	Month <i>Nov.</i>	Day <i>15</i>	Age Years	Months <i>11</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth- place <i>Calvert Co.</i>		
Occupation <i>_____</i>			Where Residing If not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Frank Watkins</i>			Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Ellen Johnson</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Joseph Johnson</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. M. Channy M.D.</i>
	Address <i>Channy M.D.</i>
Accident or Suicide? <i>_____</i>	

